

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**September 2018**

### ***EXECUTIVE DIRECTION***

#### **Government Relations and Special Projects – Megan Renfrew**

##### **Legislative Workgroups**

###### **Physician Maintenance of Certification Work Group**

This workgroup brings doctors, state agencies, hospitals, and payers together to discuss maintenance of certification requirements for physicians and the interaction of those requirements with payer and hospital privilege, network, and credentialing requirements. The Physician Maintenance of Certification workgroup met on July 24<sup>th</sup> and September 11<sup>th</sup>. The September 11<sup>th</sup> meeting discussed a draft letter to Chairman Pendergrass that reports in the workgroup's efforts. Staff are currently revising the letter (including the recommendations) based on meeting feedback and plan to bring the letter to the October MHCC Commission meeting.

###### **EMS Reimbursement Work Group for New Care Delivery Models**

MHCC co-leads this workgroup with MIEMSS. The Steering Committee (state staff) for this workgroup is meeting regularly on Medicaid and Medicare components of the task. Private insurance reimbursement will be addressed in the fall. The report to the legislature is due on January 1, 2018. We plan to bring the report to the December MHCC Commission and MIEMSS Board meetings.

###### **African American and Rural Community Infant Mortality Study**

The steering committee for this work group has been meeting throughout the summer. The first full workgroup meeting is September 17<sup>th</sup>, 2018. The group is large and most of the work will be completed through subgroups. The final report for this study is due in November 2019. Information on additional work groups is included in specific MHCC Center updates.

##### **MHCC in the News: Press and Social Media Activities and News Updates**

###### **Press and Social Media Activities**

MHCC's last press release was for the Wear the Cost website update on the date of the last commission meeting. Since July, MHCC staff have participated in briefings and interviews with a number of press outlets including the Baltimore Business Journal, the Baltimore Sun, and Kaiser Health News. These interviews have covered multiple topics, including Wear the Cost and certificate of need.

MHCC continued regular social media posting for the MHCC Twitter, Facebook, and LinkedIn accounts and the Wear the Cost Twitter and Facebook accounts. MHCC staff also participated as co-hosts in a Twitter chat on September 13<sup>th</sup> representing Wear the Cost. Other co-hosts included the Network for Regional Healthcare Improvement (NHRI) and the Integrated Healthcare Association (a vendor working on California state health data). The chat had 32 participants and generated over 3,800 impressions on twitter.

###### **News coverage and commentary related to Wear the Cost Initiative (alphabetical order)**

Abraham, Tony, "[Maryland broadens hospital price transparency initiative](#)" Healthcare Dive, July 20, 2018

Bryant, Meg, "[More than 20% of Americans skip medical care due to cost, survey finds](#)", Healthcare Dive, Aug. 10, 2018

Bryant, Meg, "[CMS looks to develop consumer comparative pricing portal](#)", Healthcare Dive, Aug. 30, 2018

Curtis, Tim, "[Health care commission expands hospital price information program](#)", The Daily Record, July 19, 2018

Eichensehr, Morgan, "[Maryland expands campaign to better inform patients about procedure costs](#)", Baltimore Business Journal, Jul 19, 2018

Herring, Bradley, "[An Unfortunate Inconsistency between Value-Based Purchasing and Price Transparency](#)",

Health Affairs Blog, August 21, 2018. *Note that MHCC staff have submitted a responsive blog post to health affairs, which will likely be published in September or October.*

Kacik, Alex, "[Maryland's price transparency site adds new data, petition](#)", Modern Health Care, July 19, 2018

Masterson, Les, "[Harvard Pilgrim expands project to help members find cost-effective plans](#)", Healthcare Dive, July 30, 2018

Reed, Tina, "[Maryland health regulator expands hospital price transparency efforts](#)", Fierce Healthcare, Jul 19, 2018

#### **Other MHCC-related news coverage and commentary (alphabetical order)**

Anderson, David, "[State review for Upper Chesapeake Vision 2020 project delayed](#)", The Aegis, September 7, 2018,

Curtis, Tim, "[Maryland program will bring physicians into all-payer system](#)" Daily Record, July 10, 2018

Furgurson III, E.B., "[Fran Phillips returning to state health department](#)", Capital Gazette, August 9, 2018

George, Ron, Opinion: "[University of MD Medical Systems should lose funding over AAMC cardiac care dispute](#)", Capital Gazette, August 5, 2018

Gilgore, Sara, "[How Adventist's new White Oak hospital will change patient care](#)", Washington Business Journal, Aug 27, 2018

Holt, Dustin, "[Shore Health presents Cambridge medical campus plan](#)", Dorchester Star, Aug 2, 2018

Jamie, Kristian, "[Lt. gov. focuses on opioid crisis](#)", The Star Democrat, Jul 20, 2018

Jaime, Kristian, "[Shore Health eyes observation beds for ER](#)", Bay Times and Record Observer, Sep 5, 2018

Rivas, Kayla, "[University of Maryland Shore Regional Submits State Applications to Transform Health Care in Dorchester County](#)", The Star Democrat, July 23, 2018. *Story also printed in Kent County News,*

Stewart, Angie, "[UM Shore Regional Health seeks approval for medical campus with ASC: 6 details](#)", Beckers ASC Review, July 25, 2018

Wicklund, Eric, "[Maryland Seeks Providers for New School-Based Telehealth Programs](#)", mHealthIntelligence, July 16, 2018

**Maryland Trauma Physician Services Fund – Bridget Zombro**

***Uncompensated Care***

The MHCC staff has redesigned the data transfer protocols between MHCC and MIEMSS and between MHCC and CoreSource, the TPA that processes the uncompensated care requests. During the redesign, MHCC has not make uncompensated care payments to trauma practices. The modifications are undergoing final testing and MHCC plans to resume uncompensated care payments to trauma practices by the end of September. During the redesign, a backlog of approximately \$400,000 developed. The backlog on payments will be eliminated by the end of the month.

***Medicaid Underpayment Adjustment***

MHCC has signed an interagency agreement with the Hilltop Institute to develop a process for paying trauma physicians that treat Medicaid beneficiaries at the same rate as trauma physicians are paid for patients without insurance coverage. Uncompensated care claims are already paid at 105 percent of Medicaid and all secondary procedures are paid at the full fee level. Currently, trauma physicians are paid 100 percent of Medicare fee levels for providing care and Medicaid payment policies are applied meaning that trauma surgeons receive reduced reimbursement for secondary and subsequent procedures provided during the same surgery. Hilltop will estimate the impact to the fund of reimbursing trauma physicians at 105% of Medicare and paying the full fee for all secondary procedures performed during the same surgery.

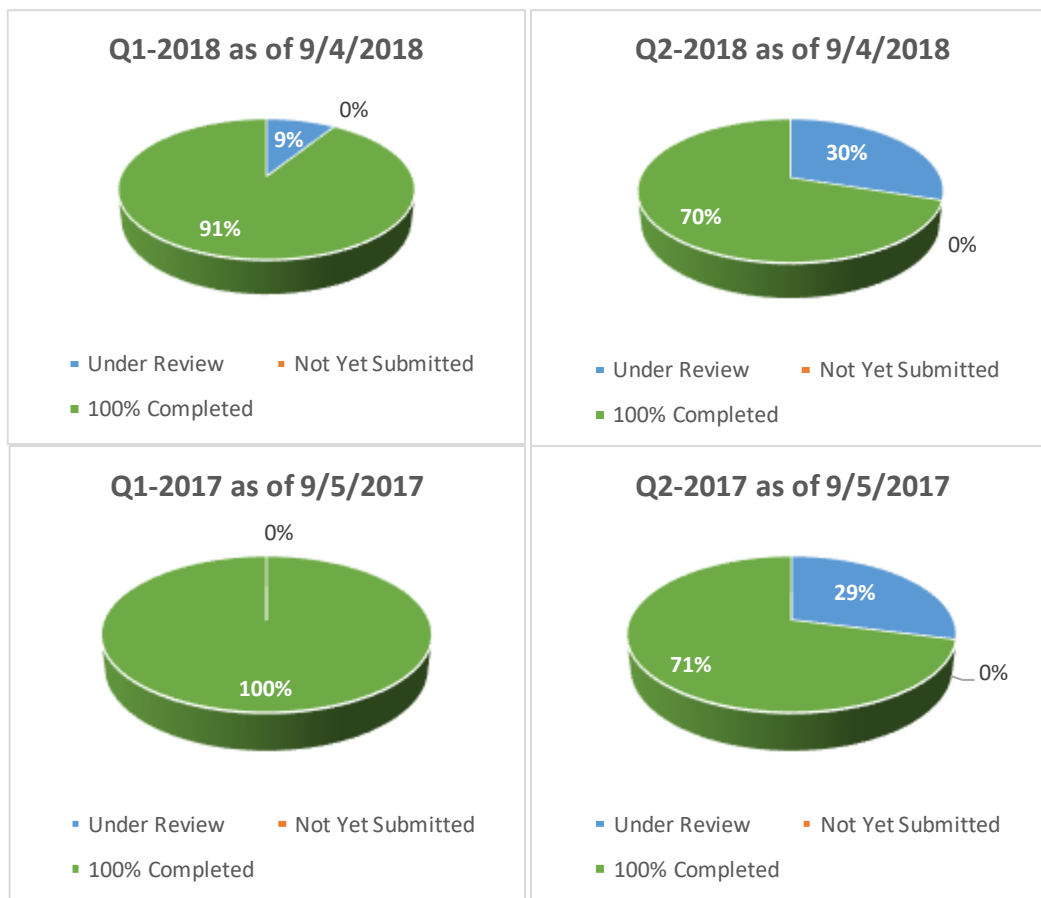
MHCC and Medicaid staff have met to discuss the process. Medicaid supports the approach as it will not increase the Medicaid budget. Under the interagency agreement, Hilltop will test the process using 2017 Medicaid claims. If the approach is workable, MHCC will begin issuing supplemental payments beginning with FY 2018 claims.

***CENTER FOR ANALYSIS AND INFORMATION SYSTEMS***

***Cost and Quality Analysis – Kenneth Yeates-Trotman***

**MCDB Data Submission Status, Payor Compliance, and Technical Support**  
**Payors rate of MCDB Data Submissions has slowed during the first quarter of 2018.**

Incorrect data feeds by FEHBP to one of our largest payors is the sole cause for a decrease in the rate of submissions to the MCDB during the first quarter of 2018 compared to submissions a year ago. As of 9/7/2018, 91% of all payors passed all data validation checks performed by Social & Scientific Systems (SSS, MCDB data vendor) for Q1 2018 data submissions, compared to 100% for Q1 2017 data submissions. However, the rate of clean data submissions was flat for the second quarter of 2018, with 70% of all payors passing all data validation checks for Q2 2018 vs. 71% for Q2 2017, as shown in the exhibit below. The timeline for 2017 MCDB data availability is 9/30/2018; the FEHBP data will be refreshed by 10/31/2018.



### **Collaboration with Health Services Cost Review Commission (HSCRC) on All-Payer Model Monitoring**

#### **MHCC amends DUA with HSCRC to include Payor IDs in their Standard Analytic Files (SAFs).**

HSCRC has requested payor ID to be included in their SAFs for the following purpose:

- Currently, HSCRC is looking at total cost of care (TCOC) trends in hospitals' primary service areas (PSAPs). HSCRC would like to have TCOC trends by plan type from the MCDB to be used in the Matrix where TCOC trends by hospital are evaluated.
- It's necessary to have payor ID in the HSCRC's SAF to assist in determining the factors affecting these trends. For example, if Hospital A's TCOC experiences an unexpected spike, either positive or negative, HSCRC needs the capability to determine the cause for the spike, such as increased/decreased enrollment in a service area, or possibly a more substantial issue.
- The purpose of having payor ID within the SAF is not to evaluate a payor's data to determine if 'plan X is better than plan Y.' Instead, it is to ensure that, before a hospital is held accountable for TCOC changes, the HSCRC knows which factors beyond their control might be affecting those changes.

**Restrictions:** The amended DUA prohibits the HSCRC from including payor ID in any publicly available summary, study, report, chart, or other compilation in such a way that an individual payor can be identified. Also, HSCRC agreed not to contact, communicate, or meet with payors regarding or relating to any results, perceived data issues, questions, or other matters that are identified during HSCRC's analysis of this additional data (payor ID) without the written approval of the Executive Director of MHCC.

#### **Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC)**

### **Maryland leads in NRHI's Preliminary Regional TCOC Benchmark Results for 2016**

MHCC staff delivered the final TCOC benchmark reporting results to NRHI. All results are approved. Among the six states/regions included in the reporting, (MD, CO, MN, OR, SL, UT), Maryland costs were the lowest, about 20% lower than the average, risk-adjusted per member, per month (PMPM) cost across participating regions. This is the third year in a row (2014 – 2016) that Maryland ranked first as the most efficient region in care delivery to. The full release of the 2016 TCOC results by NRHI is scheduled for mid-October. The 2016 results mark the end of the TCOC benchmark project, as the Robert Wood Johnson Foundation (RWJF) funding ends.

**Looking Ahead:** Over the next few weeks, staff will be working on the following:

- 2019 HMO Payments to Non-Participating Providers Analysis
- Payments for professional Services in Maryland (2014 – 2016)
- Participation on a panel forum discussion at the NAHDO conference in October on the NRHI 2016 TCOC benchmark results.

### **Linda Bartnyska:**

We have lost our Center leader, Big Thinker and achiever on many healthcare initiatives (e.g., *WearTheCost*) to improve the lives of all Marylanders, and very caring boss to all her staff. We will miss her energy and intelligence dearly.

### **Database Development and Applications – Leslie LaBrecque**

#### **Data Release**

**Data staff prepared and executed data use agreement amendments and requests for Certificates of Destruction for recipients of the Maryland claims data and the DC Hospital data.** Data Staff performed the following tasks: executed a data use agreement amendment to extend MCDB use for the Research Triangle Institute; closed out Hilltop Institute's data use agreement for MCDB use on behalf of the Maryland Health Benefit Exchange; assisted HSCRC with changes to the MCDB standard analytical file; modified HSCRC's data use agreement to provide them with perpetual access to DC Hospital data; modified Medicaid's data use agreement to include access to the Medicare MedPAR and MBSF Chronic Care files; submitted requests for Certificates of Destruction for expired data use agreements from hMetrix and the Maryland Insurance Administration; working with the University of Maryland to extend their access to the MCDB for the Rural Health project pending their justification statement and ensured that all DUAs are up to date; composed a list of current APCD requests and completed amendments to health grades access to DC data; processed a subset of inpatient and outpatient 2017 quarterly data files for our contractor (Advanta), zipped and password protected the file, and uploaded the file to oneHub.

#### **Data Processing and Tech Support**

**Data Staff provided support for Wear The Cost, Trauma Fund processing, mapping, Minimum Data Set and DC hospital inpatient data collection, CathPCI processing, and participated in MCDB data warehouse and pre-security meetings to address data storage and removal of sensitive data from the server.** Support included participation in the MCDB data warehouse meetings; review and feedback for the Wear The Cost website redevelopment and media outreach activities; updated MHCC stakeholders database; completed internal inventory audit and identification of all incoming and outgoing data within MHCC. Staff also created a data use template to track data release within MHCC. Staff also received training on access and making updates to the MHCC website along with using and understanding google analytics.

#### **Web Applications**

**Data Staff assisted MHCC Staff with various website needs, updated guide data, developed new consumer guide functionality, and provided health facility survey assistance as follows:**

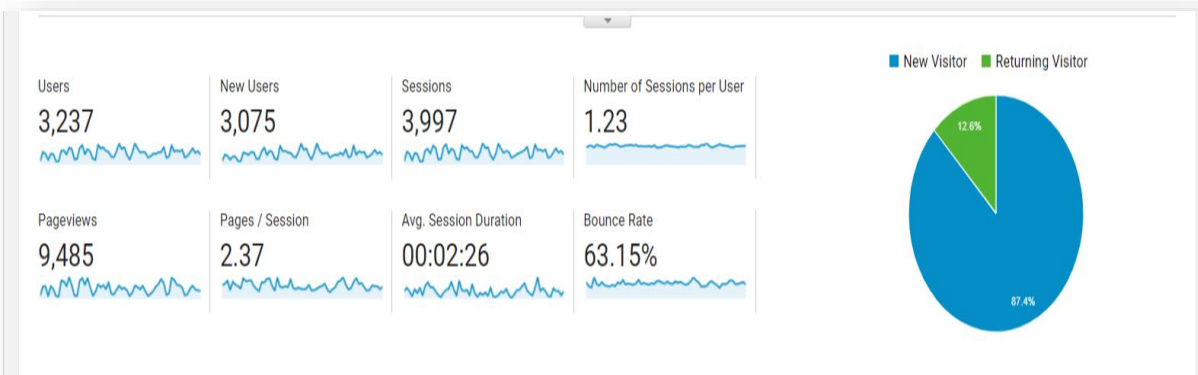
- **CCRC (Continuing Care Retirement Communities) Survey:** Downloaded first quarter data and established dates for quarter 2 data collection.
- **LTC Consumer Guide:** Updated assisted living facility profile, contact information, ownership, facility services data and private pay rates data from 2016 LTC survey. Addressed OHCQ

deficiency reports issues within the consumer guide. Designed a new web page to display reports and fixed broken links on the website.

- **LTC Survey:** Queried the database to generate a report, implemented the ability to set an exemption status which allows a survey administrator to track facilities that are exempt from the current year's survey collection period.
- **MHCC Website:** assisted the Certificate of Need and Health IT staff with new web pages, large document uploads, document archival, and the creation of a new Physician Maintenance of Certification workgroup area; working with administrators to archive older documents to conserve space on the web server, added a new button on the MCDB page for the NHRI report and added widget information for the governor's human trafficking initiative
- **Ambulatory Surgery Survey:** Preloaded data and launched the survey application for the 2017 collection period. Provided technical support to users and staff member as needed.
- **Home Health Survey:** Set up the 2017 home health survey, preloaded data, and set start and end dates for the survey. Modified and downloaded 2015 data to exclude agencies that were exempt from survey collection for 2015.
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### Internet Activities

Data from Google Analytics for the months of July and August 2018

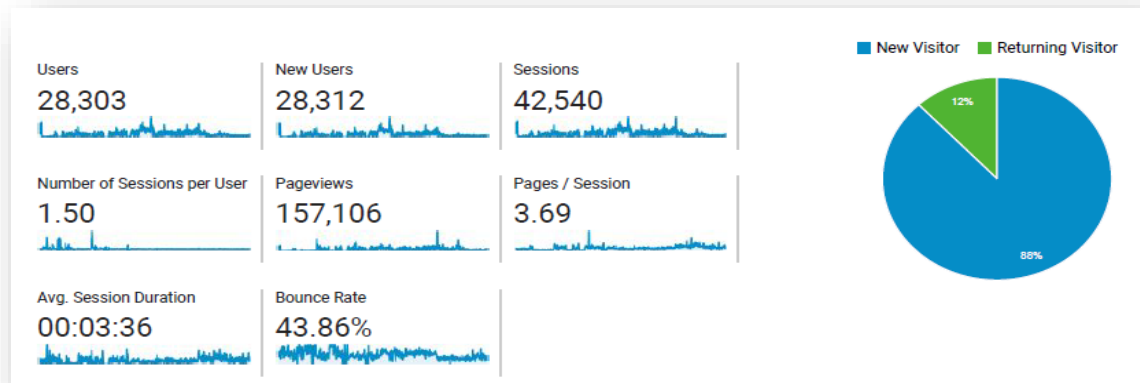


Bounce rate is the percentage of visitors that see only one page during a visit to the site.

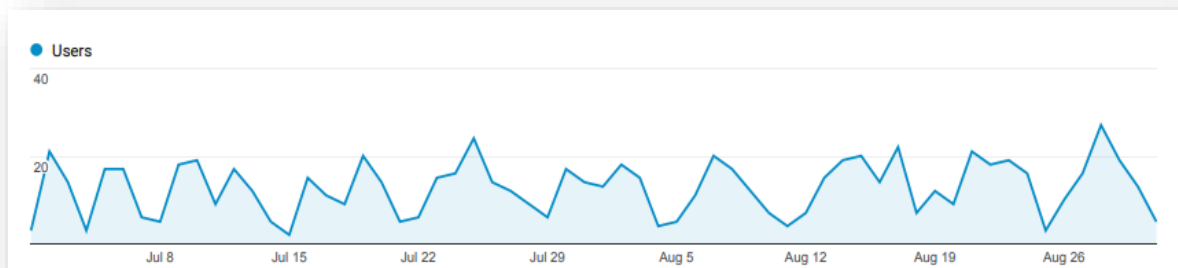
- As shown in the chart above, the number of sessions to the **MHCC website** for the months of July and August 2018 was 3,997 and of these, there were 3,075 new users. Average time spent on the site was 2:26 minutes. Bounce rate of 63.15% is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.
- Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.
- The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmm.maryland.gov and hscrc.state.md.us. Among the most common search keywords in July and August were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, there have been 28,303 users of the consumer site and 157,106 page views. On average, 629 users visit the site each month. About 88% of users are new visitors. In July 2018, the MHCQR site had 328 users and 1,822

page views, which is similar to the June results. In August 2018, there were 368 users and 2,081 page views. This represents a 12% increase in users and a 14% increase in page views from July.



The average time spent on the site in both July and August was about 4 minutes. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



### **Policy, Cross-Payer & Workforce Analyses – Mahlet ‘Mahi’ Nigatu**

#### **Episode of Care – Consumer-Centric Price Transparency Initiative**

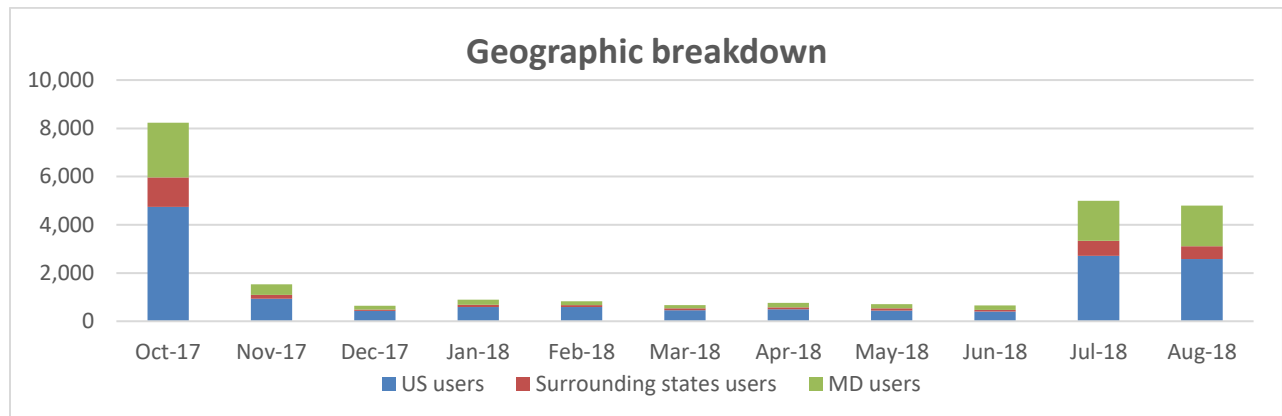
**2015/2016 Medicare data ingestion and Prometheus software output to complete by the end of September 2018.** Altarum successfully performed an end-to-end test run of Prometheus software on both Medical and Pharmacy Medicare claims. Once the test run was completed, Altarum started executing the software for the complete set of Medicare 2015/2016 data and is slated to deliver the final data results at the end of September. Upon delivery of the data, MHCC staff and the Wear The Cost Permanent Stakeholder Workgroup will begin reviewing the episode groups and results to select the procedural episodes to be displayed. The plan is to display as many as 9 procedural episodes using Medicare data.

**2015/2016 Commercial data public release launched on July 19, 2018.** The release was an upgrade of the WearTheCost website with a redesign of the site and the inclusion of 2015/2016 commercial fully insured and government self-funded members’ claims data. The redesign of the consumer-centric website will enable seamless inclusion of additional years of data, new measures, and episode information for different payor/population cohorts, such as Medicare and Medicaid.

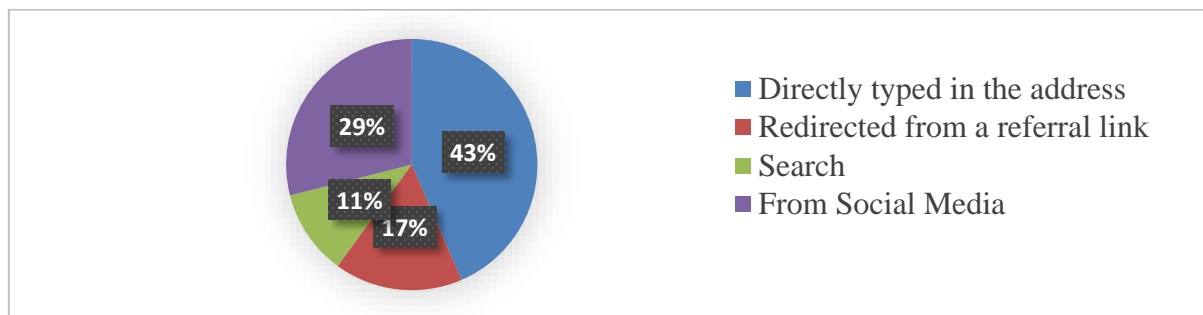
**Staff presented WearTheCost at the Maryland Department of Health Local Health Officers roundtable.** Altarum and staff conducted social media advertising campaign which includes ads in adwords, twitter and facebook. The Team also continued producing and disseminating informative content on social media. On September 13<sup>th</sup> the WearTheCost team will participate in a Twitter Chat organized in partnership with the Network for Regional Healthcare Improvement (NRHI).

The exhibits below show the web traffic metrics of the ‘Wear The Cost’ website based on the website usage since re-launch (July 2018).

Traffic from all geographic categories remained steady from the time of relaunch in July into August.



43% of the new MD users accessed WearTheCost by typing in the address and 29% were referred from Social Media, which is 7 times more than traffic from social media during the October 2017 launch. Time spent on social media outreach and advertising has been impactful.



- Among Maryland visitors, 67% are women; the site is also popular among age 45 and above which is attributable to the type of procedures reported on the WearTheCost site.
- 45% of Maryland site visitors who searched for the website visited more than one episode page.
- Hip Replacement is the most popular episode view among both new and returning visitors; vaginal delivery is the most searched episode and both knee replacement and vaginal delivery are more interesting episodes to returning visitors.
- Inbound link from Instagram brings in significant volume of the traffic.

### **Primary Care and Selected Specialty Workforce Study**

**IHSMarkit finalized the study and will give final presentation at September meeting.** IHSMarkit vetted the physician data received from the Boards of Nursing, Psychology, Social Work and Counselors and the Board of Physician’s and used various models to estimate primary and selected specialty care workforce needs under current delivery models as well as the Maryland Primary Care Model. IHSMarkit finalized the forecasts for possible future provider shortfalls under the different delivery models being examined based on the workforce study’s workgroup feedback and will deliver the final presentation at the September public meeting.



### *Special Projects – Janet Ennis*

#### **Population Health Benchmark Feasibility Study on Cost of Diabetes Care**

##### **MHCC Staff and Contractor team up with JHHC on diabetes study:**

MHCC's contractor, Judy Loren, is analyzing population health measures focusing on the examination of the costs to treat Maryland's nonelderly privately insured diabetics. Most recently, Commissioner O'Grady began collaborating on this project with the team of MHCC staff, Judy, SSS staff, and staff from Johns Hopkins Health Care, the health insurance administrative branch of Johns Hopkins Medicine with extensive experience in diabetes analysis. The results of this evaluation will be used for internal MHCC analysis to determine whether the MCDB is an appropriate data source to monitor the cost of care for populations of varying health status. Specifically, the contractor will produce benchmark costs from the data using actual costs and quality measurement criteria (from CMS or other sources) and assess the strength of the underlying data and the resultant benchmarks. The Contractor will also make recommendations on how to best characterize the costs of care in the diabetic population for purposes of cost projections, which require estimates of future population demographics and adherence to standard protocols in the treatment of diabetes. Judy will present the study results at the November public meeting.

### ***CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT***

### *Acute Care Policy and Planning – Eileen Fleck*

#### **State Health Plan: COMAR 10.24.17**

MHCC staff worked on developing revised regulations based on feedback received from the American College of Cardiology, Society of Thoracic Surgeons, and the Maryland Cardiac Surgery Quality Initiative. Staff plans to request consideration of draft regulations as repropounded regulations at the September Commission meeting.

#### **State Health Plan: COMAR 10.24.07**

Staff continued working on a White Paper in preparation for an update of the State Health Plan chapter for acute psychiatric services. Staff also met with leadership for the Maryland Department of Health's Behavioral Health Administration to obtain their perspective on the current regulations and greater knowledge of issues that should be considered in the development of revised regulations.

#### **Other**

Staff is participating in the Perinatal Clinical Advisory Committee formed by the Maternal and Child Health Bureau of the Department of Health. The PCAC is updating the Maryland Perinatal System Standards, following an update to the *Guidelines for Perinatal Care*. The PCAC met nine times in July and August.

### *Long-Term Care Policy and Planning – Linda Cole*

#### **Minimum Data Set (MDS)**

During the past two months, The Hilltop Institute at University of Maryland-Baltimore County, MHCC's MDS vendor and long-term care consultant, completed work on a draft and final work plan, completed semi-annual processing of MDS data, and produced updated data for the Consumer Guide. The Data Use Agreement with CMS was updated to reflect staff changes.

#### **COMAR 10.24.20 Development**

In development of this draft update of the Comprehensive Care Facilities Chapter of the State Health Plan, staff convened a small group of Commissioners, as well as a Nursing Home Work Group. The latter group

included representatives of Health Facilities Association of Maryland (HFAM), Lifespan, Medicaid, and MDH, as well as a consumer representative. Based on input from these groups, staff completed internal development work on this draft chapter. A background and status report on the development of this Chapter was presented at the June Commission meeting.

The draft chapter was posted for Informal Public Comment at:

[https://mhcc.maryland.gov/mhcc/pages/home/public\\_comment/public\\_comment.aspx](https://mhcc.maryland.gov/mhcc/pages/home/public_comment/public_comment.aspx)

In response to a request from the industry, the time period for comments was extended to July 13, 2018. During this informal public comment period, comments were received from the following:

- Health Facilities Association of Maryland
- Lifespan Network
- Lorien Health Services
- MDH's Office of Health Care Quality

Staff has reviewed these comments and will be meeting with both the Commissioner group in September as well as reconvening the Nursing Home Work Group in early October.

### **Hospice Survey Data**

Data collection and data cleaning for the FY 2017 Maryland Hospice Survey has been completed and the public use data set has been posted at:

[http://mhcc.maryland.gov/public\\_use\\_files/hospicedownload.html](http://mhcc.maryland.gov/public_use_files/hospicedownload.html)

In addition, since we discovered that one hospice had omitted data for one jurisdiction in its 2016 survey response, the data was corrected and an updated FY 2016 public use data set was also posted at:

[http://mhcc.maryland.gov/public\\_use\\_files/hospicedownload.html](http://mhcc.maryland.gov/public_use_files/hospicedownload.html)

Staff is in the process of developing tables summarizing the hospice data which will be posted as a more “user-friendly” format for the public use data files.

### **Nursing Home Occupancy and Payment Source**

On an annual basis, the Commission updates and publishes data on nursing home bed occupancy and required Medicaid participation rates for CON applicants. This information is used for planning as well as for Certificate of Need review. These tables were published in the *Maryland Register* on August 3, 2018. The tables are also posted on our website at:

[https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_ltc/hcfs\\_ltc.aspx](https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/hcfs_ltc.aspx)

### **Home Health Survey**

Staff completed the documentation to process the data for FY 2015 and FY 2016. Analysis of the data for development of tables is currently ongoing.

### **Long Term Care Survey**

The collection period for the FY 2017 Long Term Care Survey was completed in July 2018. Staff issued waivers to facilities who submitted their completed surveys by the end of the grace period and provided written notices contesting the fine. Staff provided technical support to providers during the data collection period.

The FY 2017 Long Term Care Survey data was downloaded on August 6, 2018. Staff gave Hilltop (vendor) access to the data to prepare the reports including the public use data sets and occupancy reports. Staff also gave Hilltop access to the 2017 Medicaid Cost Report data. Staff will provide assistance and audit the data/reports as needed.

Staff provided the Center for Health Information Technology and Innovative Care Delivery FY 2017 survey data on Health Information Technology/Electronic Health Records. Staff also provided to the Center for Administration FY 2017 survey data for User Fee Assessments.

**Certificate of Need (“CON”) – Kevin McDonald**

**CON’s Approved**

Visiting Nurse Association of Maryland, L.L.C. – (Lower Eastern Shore) (Docket No. 17-R4-2407)

Expansion of the authorized service area of an existing home health agency (HHA) to include Dorchester County.

Approved Cost: \$47,000

Joseph Richey House, Inc. t/a Gilchrist Center Baltimore (Baltimore City) – Docket No. 17-24-2412

Relocation and replacement of a hospice inpatient facility and hospice house. The replacement facility will include 22 beds and be developed at Stadium Place on West 33rd Street in Baltimore City.

Approved Cost: \$10,328,950

**CON Applications Withdrawn**

University of Maryland (UM) Shore Medical Center at Easton – (Talbot County) – Docket No. 12-20-2339

Relocation and replacement of general hospital.

Estimated Cost: \$283,240,375

Quality One Care Home Health, Inc. – (Upper Eastern Shore) - Matter No. 18-R1-2427

Establishment of a home health agency serving Caroline, Cecil, Kent, Queen Anne’s and Talbot Counties.

Estimated Cost: N/A

**CON Letters of Intent**

Atlantic General Hospital Corporation – (Worcester County)

Establish a new ambulatory surgical facility (ASF) with two operating rooms and three procedure rooms to be located on the hospital campus in Berlin.

Atlantic General Surgery Center L.L.C. – (Worcester County)

Establish an ASF with two operating rooms and three procedure rooms to be located on the hospital campus in Berlin.

Atlantic General Hospital Corporation – (Worcester County)

Establish an ASF with two operating rooms and three procedure rooms to be located on Racetrack Road, Map 21 Parcel 66A, in Berlin.

Atlantic General Surgery Center, L.L.C. – (Worcester County)

Establish an ASF with two operating rooms and three procedure rooms to be located on Racetrack Road, Map 21 Parcel 66A, in Berlin.

Deer Point Surgical Center, L.L.C. – (Wicomico County)

Establish an ASF through the addition of a second operating room at an existing physician outpatient surgery center (POSC) in Salisbury.

Deer Point Surgical Center, L.L.C. – (Wicomico County)

Relocation of a POSC n existing 1 OR facility currently located at 6503 Deer Point Drive, Suite A, Salisbury to an existing ambulatory surgery facility located at 641 S. Salisbury Boulevard, Salisbury, with the addition of 1 or 2 operating rooms.

Johns Hopkins Bayview Medical Center – (Baltimore City)

Addition of 36 acute rehabilitation beds.

Shore Health Systems, Inc. – (Talbot County)

Relocation of UM Shore Medical Center at Easton.

Rehabilitation Hospital Corporation of America, LLC d/b/a Healthsouth Chesapeake Rehabilitation Hospital – (Wicomico County)

Addition of 10 acute rehabilitation beds to an existing special rehabilitation hospital in Salisbury.

Maryland Surgery Center for Women d/b/a Maryland Surgery Center – (Montgomery County)

Establishment of an ASF through the addition of a second operating room.

### **Pre-Application Conference**

Held July 18, 2018:

Atlantic General Hospital Corporation – (Worcester County)

Johns Hopkins Bayview Medical Center – (Baltimore City)

Shore Health Systems, Inc. – (Talbot County)

Held August 15, 2018:

Rehabilitation Hospital Corporation of America, LLC d/b/a Healthsouth Chesapeake Rehabilitation Hospital – (Wicomico County)

Maryland Surgery Center for Women d/b/a Maryland Surgery Center – (Montgomery County)

### **CON Applications Filed**

Amedysis Maryland – (Upper Eastern Shore) – Matter No. 18-R1-2424

Expansion of the authorized service area of an existing HHA to include Caroline, Kent and Queen Anne's Counties.

Estimated Cost: \$40,000

Bayada Home Health Care, Inc. – (Upper Eastern Shore) - Matter No. 18-R1-2425

Expansion of the authorized service area of an existing HHA to include Cecil County.

Estimated Cost: N/A

Optimal Health Care, Inc. – (Upper Eastern Shore) - Matter No. 18-R1-2426

Establishment of an HHA providing services in Caroline, Cecil, Kent, Queen Anne's and Talbot Counties.

Estimated Cost: \$36,700

Quality One Care Home Health, Inc. – (Upper Eastern Shore) - Matter No. 18-R1-2427

Establishment of an HHA providing services in Caroline, Cecil, Kent, Queen Anne's and Talbot Counties.

Estimated Cost: N/A

Adventist Rehabilitation Hospital of Maryland – (Montgomery County) - Matter No. 18-15-2428

Relocation of a special rehabilitation hospital.

Estimated Cost: \$19,500,000

University of Maryland Medical Center – (Baltimore City) - Matter No. 18-24-2429

Introduce acute psychiatric services for adolescents

Estimated Cost: \$9,580,000

### **Requests for Changes in Approved Projects**

Stella Maris – (Baltimore County) – Docket No. 16-03-2376

An increase of \$3,983,221 over the approved project cost of \$29,733,084 and a change in physical plant design.

Coastal Hospice – (Wicomico County) – Docket No. 17-22-2404

An increase of \$579,315 over the initial in the approved project cost of \$7,998,114.

### **Requests for Exemption from CON**

Shore Health System, Inc. d/b/a UM Shore Medical Center at Easton (Talbot County) and UM Shore Medical Center at Dorchester – (Dorchester County)

Consolidation of two general hospitals of Shore Health System with UM Shore Medical Center at Easton as the sole remaining general hospital.

Estimated Cost: \$8,517,265

White Marsh Surgery Center – (Baltimore County)

Establishment of an ASF through the addition of a second operating room at a POSC.

**First Use Approval**

Recovery Centers of America – Waldorf – (Charles County) – Docket No. 15-08-2362

Establishment of an alcoholism and drug abuse treatment intermediate care facility.

Final Cost: \$14,642,732

**Determinations of Coverage**

• **Ambulatory Surgery Centers**

Hickory Ridge Surgery Center – (Howard County)

Establish a POSC with one sterile operating room and one non-sterile procedure room to be located at 10700 Charter Drive, Suite 201, in Columbia.

Summit Ambulatory Surgical Center, L.L.C. – (Baltimore County)

Capital expenditure to reconfigure an existing POSC with one non-sterile procedure room by adding one sterile operating room and five non-sterile procedure rooms. The POSC is located at 6535 North Charles Street, Suite 625, in Towson.

Vascular Centers, L.L.C. – (Prince George’s County)

Establish a POSC with one sterile operating room and one non-sterile procedure room to be located at 7300 Hanover Drive, Suite 104, in Greenbelt.

Anne Arundel-SCA Surgicenter, L.L.C. – (Anne Arundel County)

Establish a POSC with one sterile operating room and two non-sterile procedure rooms to be located at 8109 Ritchie Highway, Suite 250, in Pasadena.

• **Acquisition/Change of Ownership**

Sanctuary at Holy Cross – (Montgomery County)

Acquisition of Sanctuary at Holy Cross, a comprehensive care facility (CCF) or nursing home, by Aurora Holdings, XV, L.L.C. Purchase Price: \$17,250,000

ASC Development Company, L.L.C.

Acquisition of ASC Development Company, L.L.C. by Jerome E. Rhodes. ASC Development Company, L.L.C. owns POSCs at the following locations:

Allegany County

940 Seton Drive, in Cumberland

Anne Arundel County

1600 Crain Highway, Suite 301, in Glen Burnie

Baltimore County

1838 Green Tree Road, Suite 150, in Pikesville

6820 Hospital Drive, Suite 302, in Baltimore

Charles County

3460 Old Washington Road, Suite 300, in Waldorf

Frederick County

75 Thomas Johnson Drive, Suite C, in Frederick

Harford County

510 Upper Chesapeake Drive, Suite 415, in Bel Air

Howard County

7120 Minstrel Way, Suite 106, in Columbia  
Montgomery County  
19735 Germantown Road, Suite 360, in Germantown  
8455 Colesville Road, in Silver Spring  
11921 Rockville Pike, Suite 505, in Rockville  
Prince George's County  
16900 Science Drive, Suite 100, in Bowie  
8824 Cunningham Drive, Suite D, in Berwyn Heights  
Washington County  
1150 Professional Court, Suite P, in Hagerstown

Brinton Woods of Pikesville, L.L.C. – (Baltimore County)

Acquisition of the real assets of this CCF by Pikesville Realty, L.L.C., which will also operate the CCF under a lease arrangement with Pikesville Operator L.L.C., t/a Autumn Lake Healthcare at Pikesville.  
Purchase Price: \$22,000,000 for both Brinton Woods of Pikesville and of Denton (see below)

Brinton Woods of Denton, L.L.C. – (Caroline County)

Acquisition of the real assets of this CCF by Denton Realty, L.L.C., which will also operate the CCF under a lease arrangement with Denton Operator L.L.C., t/a Autumn Lake Healthcare at Denton.  
Purchase Price: \$22,000,000 for both Brinton Woods of Denton and of Pikesville (see above)

Acquisition of HCR ManorCare, Inc. (“HCR”) by ProMedica Health System (Inc.) (“Promedica”). Acquisition of HCR’s CCF and hospice operations by ProMedica. A joint venture will be formed by ProMedica and WellTower, Inc. to acquire Quality Care Properties, Inc., which currently leases most of the CCF real assets to indirect subsidiaries of HCR which, in turn, sublease those properties to HCR's indirect subsidiary licensed providers that operate the CCFs. When the Joint Venture acquires QCP, the Joint Venture will enter into the same leasing and subleasing arrangement with the licensed providers.  
Purchase Price: \$50,000,000 plus assumed liabilities for indirect parent entity HCR ManorCare, Inc.

The health care facilities affected by this transaction are:

CCFs:

Baltimore City

ManorCare Health Services – Roland Park  
ManorCare Health Services – Rossville

Baltimore County

ManorCare Health Services – Dulaney  
ManorCare Health Services – Ruxton  
ManorCare Health Services – Towson  
ManorCare Health Services – Woodbridge Valley

Montgomery County

ManorCare Health Services – Bethesda  
ManorCare Health Services – Chevy Chase  
ManorCare Health Services – Potomac  
ManorCare Health Services – Silver Spring  
ManorCare Health Services – Wheaton

Prince George's County

ManorCare Health Services – Adelphi  
ManorCare Health Services – Hyattsville  
ManorCare Health Services – Largo

Hospices:

Heartland Hospice Beltsville – (Authorized to serve residents of Montgomery and PG Counties)  
Heartland Hospice Services – (Authorized to serve residents of Anne Arundel County, Baltimore City, Baltimore County, Harford County, and Howard County)

Doctors Hospital, Inc. and Magnolia Gardens, LLC d/b/a Doctors Community Rehabilitation and Patient Care Center – (Montgomery County)

Doctors Health System, Inc., a new Maryland nonstock corporation will become the sole member of Doctors Hospital, Inc. and the sole member or stockholder of other affiliated entities, which include the referenced general hospital and CCF.

Calvert County Nursing Center – (Calvert County)

Acquisition of Calvert County Nursing Center, a CCF, by Hospital Road Realty, L.L.C., which will enter into a 25 year ground lease with CalvertHealth Medical Center, Inc. An affiliate of Hospital Road Realty, L.L.C., with the same principals, Oasis Nursing and Rehab, L.L.C., will operate the facility.

Purchase Price: \$12,000,000

Towson Surgical Center, L.L.C. – (Baltimore County)

Merger of Envision Healthcare Corporation (Envision) and Enterprise Merger Sub, Inc. As a result of this merger, Envision will become a wholly-owned subsidiary of Enterprise Intermediate Holding, Inc. Envision is the sole owner of AmSurg Holdco, L.L.C., which is the sole owner of AmSurg Holdings, Inc., which has a 49% ownership interest in Baltimore ASC Ventures, L.L.C. and, thus, an indirect 32.492% ownership interest in Towson Surgery Center, an ambulatory surgical facility.

Maryland Eye Surgery Center – (Calvert County)

Acquisition of this POSC by Chesapeake Eye Surgery Center, L.L.C.

**Capital Projects**

Charles County Nursing & Rehabilitation Center t/a Sagepoint Senior Living Services – (Charles County)

Capital project for construction of an addition to the facility.

Estimated Cost: \$4,900,000

**Disposition of Temporarily Delicensed Health Care Facility**

Good Shepherd Center – (Baltimore County)

Five-month extension of temporary delicensure status of a residential treatment center.

**Waiver Beds**

Goodwill Mennonite Home – (Garrett County)

Addition of one CCF bed, bringing total bed capacity to 108 beds

***CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY***

**Health Information Technology Division – Nikki Majewski, Division Chief**

**Electronic Prescription Records System Workgroup**

Two meetings of the Electronic Prescription Records System Workgroup (workgroup) occurred. Participants discussed the law (Chapter 435), purpose for the workgroup, and the current landscape of prescription medication reporting and availability in Maryland. The workgroup also identified some benefits and barriers for mandated reporting of non-controlled dangerous substances. A final report is due to the Governor and General Assembly by January 2020.

**Health Record and Payment Integration Program Advisory Committee**

The Health Record and Payment Integration Program Advisory Committee (committee) convened a kick-off meeting in July to discuss the law (Chapter 452), which includes specific items for deliberation by the

committee. In August, the committee discussed the feasibility and impact of requiring electronic health networks to send claims information to the State-Designated Health Information Exchange (HIE), CRISP. A final report is due to the Governor and General Assembly by November 2019.

### **Health Care Data Breach Analysis**

An information brief was drafted summarizing findings from an analysis of 2017 health care data breaches. Data was obtained from the U.S. Department of Health and Human Services, Office for Civil Rights online portal. The brief provides an update on the number of breaches reported and records compromised, and key trends in Maryland and the nation.

### **Electronic Advance Directives**

A technology grant was awarded to ADVault, Inc. (dba MyDirectives) to support integration with the State-Designated HIE, accept paper advance directives, and implementation of the National Institute of Standards and Technology (NIST) authentication standards. The grant is for 12-months.

### **Hospital Health Information Technology Assessment**

A preliminary review of responses to the hospital health information technology (health IT) survey was performed. This annual survey was retooled to gather information regarding the perceived value of health IT in the workflow and its contribution to quality-based care initiatives; prior surveys assessed health IT adoption. A report is targeted for release in the first quarter of 2019.

### **CRISP Audits**

Myers and Stauffer, LC (MSLC) completed fieldwork for the annual privacy and security audit of CRISP. A review of the draft reports prepared by MSLC is underway. Support was provided to CRISP in developing a Request for Proposals to identify an auditor for next year's audit. Beginning in 2019, CRISP will assume responsibility from MHCC for engaging an independent auditor to conduct the annual audit.

### **Cybersecurity Self-Assessment Tool Update**

An updated version of the Cybersecurity Self-Assessment Readiness Tool (tool) was released. The tool is modeled after the NIST Cybersecurity Framework, and aligns with recent modifications made earlier this year. A survey link was added to the tool encouraging users to provide feedback about value in using the tool to improve cybersecurity.

### **Cybersecurity Webinar**

Planning activities are underway for a physician practice lunch & learn webinar. Topics will include information about breaches, cybersecurity threats, and ways to assess and enhance cybersecurity readiness. Potential presenters were identified to participate in the webinar, which is planned as a fall event.

### **Health Information Exchange Division – Angela Evatt, Division Chief**

### **HIE Privacy and Security Policy Development**

An HIE Lunch & Learn webinar for members of the HIE Policy Board (board), a staff advisory workgroup, was held. The webinar provided an update on CRISP services and an overview of the responsibilities and operations of the board. The board also convened to discuss policies pertaining to the exchange of protected health information contained in patient care alerts. The board is scheduled to continue the discussion in September.

### **Telehealth Grant Projects**

Telehealth project support was provided to the University of Maryland Shore Regional Health (UMSRH) in development of their final project. UMSRH is developing a tool kit that outlines key considerations for organizations seeking to implement telehealth in palliative care and for psychiatric services in the emergency department. In addition, University of Maryland Quality Care Network and Mosaic Community Services, Inc. finalized their project evaluation plan and measures and plan to go live in September.



### **School-Based Telehealth Workgroup**

The school-based telehealth workgroup (workgroup) convened to discuss the existing school-based telehealth (SBT) landscape in Maryland. The workgroup developed a policy framework to identify benefits, barriers, challenges, and solutions to guide discussions aimed at advancing SBT. A final report is due to the Senate Finance Committee in November 2019. Seven applications were received in response to the two SBT *Request for Grant Announcements* that were released in July.

### **Telehealth Readiness Assessment Tool**

An initial draft of the telehealth readiness assessment (TRA) tool guidance resources was completed. About seven practices evaluated the TRA tool in August and nearly 18 practices in September. Feedback will be used to inform revisions to the TRA tool. RTI International was competitively selected for the development of the TRA tool; an end of year release is anticipated.

### **EDI Activity**

Preliminary data analysis of the annual payor Electronic Data Interchange (EDI) Progress Report (report) was completed. Discussion with various payors regarding their report occurred. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers to submit an annual report. The reports are used in developing strategies to increase EDI in the State.

### **Innovative Care Delivery Division – Melanie Cavaliere, Division Chief**

### **Practice Transformation**

Education session planning for 2019 is underway for nearly 100 practices that participate in the Practice Transformation Network (PTN). The PTN was awarded to the New Jersey Innovation Institute (NJII) by the Centers for Medicare & Medicaid Services (CMS) in 2015. The MHCC partnered with MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative in 2016 to transform participating practices. CMS funding ends in August 2019. Development activities for a specialty practice transformation initiative are underway. Participating specialty practices will complete defined program transformation activities, and be prepared to participate in alternative care delivery models.

### **Patient Family Advisory Council Guidance Document**

A first draft of the Maryland specific Patient Family Advisory Council (PFAC) guidance document was completed in collaboration with the Institute for Patient and Family-Centered Care. PFACs are a component of alternative care delivery models, and aimed at helping practices work collaboratively with patients and families to improve the patient experience. The practice guidance document is targeted for release in December.

### **Maryland Multi-Payer Patient Centered Medical Home (MMPP) Program**

Analysis of the 2016 Medicaid Managed Care Organization (MCO) performance data from 51 MMPP practices was finalized. The results were used to determine shared savings payment for eligible practices that met defined thresholds for quality, cost, and utilization measures. MCOs will issue payments to qualifying practices in the fall.

## ***CENTER FOR QUALITY MEASUREMENT AND REPORTING***

### **The Maryland Health Care Quality Reports (MHCQR) website**

#### *Website Promotion: Thirty social media posts initiated in August*

Staff continue to focus on the promotion of the MHCQR website. There were approximately 30 social media posts made in August. Topic posts for August include National Immunization Awareness Month and informational topics for long term care services available to seniors. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events, and are designed to link readers back to the MHCQR website.

#### *More than 150,000 page views of the MHCQR website since inception*

Staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 27,733 users of the consumer site and 153,204 page views. In August 2018, the site saw 368 users compared to 328 users in July. This represents twelve percent increase. There was also a fourteen percent increase in page views from 1,822 in July to 2,081 in August. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

#### *MHCQR Website Update*

Staff are preparing for the next quarterly update to the MHCQR consumer website. This update will include hospital quality measures, patient satisfaction scores, and other standard maintenance items. This is the last major web update of 2018.

### **Hospital Quality Initiatives – Courtney Carta**

#### **Leapfrog Work Continues**

MHCC continues to support the Leapfrog Hospital Safety Grade initiative by providing patient safety indicator (PSI) and hospital acquired condition (HAC) data. Staff worked with Leapfrog to prepare data for the next release in the Fall 2018. Staff sent PSI and HAC calculation preview reports to the hospitals in August. Leapfrog will send overall safety grades to the hospitals in early October and the results will be released to the public in late October. To view current Maryland hospital performance, visit the Leapfrog website, <http://www.hospitalsafetygrade.org/>.

#### **Healthcare Associated Infections (HAI) Data**

##### **Quarterly Advisory Committee Meeting**

Staff are also planning for the next quarterly HAI meeting on October 24, 2018. A guest speaker will discuss infection control activities at the Maryland Department of Health. All hospitals will be invited to participate in this collaborative webinar series.

##### **Specialized Cardiac Services Data**

MHCC hosts quarterly meetings for cardiac data coordinators. The August meeting included discussion from CRISP and new updates from the American Heart Association regarding the *Get With The Guidelines* data collection tool.

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data to the Commission in accordance with established timelines. Outcome Report data collection for 1Q2018 is complete. The next quarterly meeting is November 13, 2018.

**Long Term Care Quality Initiative—Stacy Howes**

**Nursing Home Experience of Care Survey**

The 2018 Maryland Family Experience of Care Survey commenced in July, and as of this week, all nursing homes have complied with the Commission's request for detailed information about each nursing home resident's responsible party. In conjunction with the contractor, we are in the process of finalizing the survey and preparing the survey mailing. Questionnaires are expected to be mailed to families in early October. This year, the survey will include a Spanish-language option. This language option will allow more families to participate.

**Focus Group Analysis to Support the Maryland Health Care Performance Evaluation System**

The MHCC released a Bid Board Notice in May to request help from a research firm in soliciting consumer ideas and feedback on the current content, display, and functionality of the *Maryland Health Care Quality Reports* website. Last week, a firm was selected, and the project is expected to be awarded in the near future.